SENDED, COLUMN TOTAL	Tot 45
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
Tom Safley Senior Counsel Environmental Health & Safety Koch Industries Inc. 4111 East 37th Street North Wichita, Kansas 67201	3. Service Type ☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Artil 7001 0320 0006 1448 4035	
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424